

Kentucky Transportation Cabinet Division of Motor Carriers KENTUCKY HIGHWAY USE BOND (CERTIFIED FUNDS ONLY)

TC 95-201 04/2010

MAIL TO:

PO Box 2007, Frankfort KY 40602-2007 LICENSE # __ Phone: (502)-564-4150 8:00 am - 4:30 pm EST Walk-ins: 8:00 am - 4:00 pm EST

OFFICE USE ONLY	
ACCOUNT CODE	

49 _ BOND # __ http://transportation.ky.gov/dmc No license shall be issued on any application until a bond is posted equal to \$1,000 or four months' tax liability, whichever is greater, not to exceed \$50,000 (see KRS 138.655 through 138.725). Name of User-Principal KNOW ALL MEN BY THESE PRESENTS, That we Mailing Address State Zip Code , As principal, and Telephone Number Mailing Address State Zip Code as surety, are held and firmly bound unto the Commonwealth of Kentucky in the sum of dollars. for the prompt filing of all reports and the payment of all taxes, well and truly to be made, we bind ourselves, our heirs, administrators and assigns firmly by these presents. The Condition of this obligation is such that whereas the principal is about to become the user of highways in the Commonwealth of Kentucky, and as such user will become obligated to the Commonwealth of Kentucky for the payment of tax, penalties, and interest as provided by KRS 138.655 through 138.725, which impose certain duties, obligations, and liabilities upon users of highways. This obligation includes the use of any vehicle by a lessee of this principal, and the tax due because of such use will be paid by this principal and guaranteed by this surety unless such lessee holds a license from this Department and files regular reports. Upon the failure of the user-principal to timely pay such taxes, the surety hereby agrees to pay such taxes for and on behalf of the usershall well and truly pay NOW THEREFORE, If said Name of User-Principal and account to the Commonwealth of Kentucky for taxes, penalties, and interest as may become due and owing the Commonwealth of Kentucky by said User-Principal in the amounts and in the manner and at the times required by law, and shall make such quarterly reports as are required by law, and furnish such information as may be required by the Department, and shall keep and preserve open for inspection by the Department such records, papers, and files as the Department may require, and shall fully and faithfully comply with the terms of the law and the regulation issued pursuant thereto, then this obligation shall be void, otherwise to remain in full force and effect. Provided, however, this bond can be terminated by the surety upon written notice to the Department and Principal given by registered mail sixty (60) days in advance. IN WITNESS WHEREOF, we have hereunto set our hands and seals this ______ day of ______ 20 . Attest: Principal Owner or President ADDRESS OF SURETY FOR FILING CLAIMS Please complete if address shown for surety at right is not the same Secretary address where claims should be filed: Street or P.O. Box Address By . City Street or P.O. Box Address Zip Code State City Attest: State Zip Code For Surety Attest: Telephone For Ky. Resident Agent

Kentucky Resident Agent of Surety Company